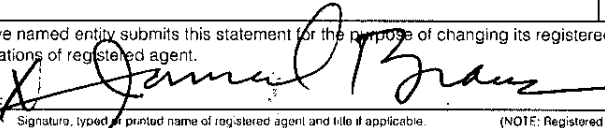
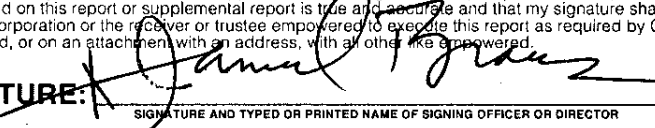


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90127 043 ***150.00

DOCUMENT # P02000128775 1. Entity Name MITCH BRANCH & ASSOCIATES, INC.					
Principal Place of Business 6114 GOODMAN ROAD STE #2 JACKSONVILLE, FL 32244			Mailing Address 6114 GOODMAN ROAD STE #2 JACKSONVILLE, FL 32244		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 56-2308284				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANCH, JAMES M 8182 LOCH LOMOND LANE JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name James M. Branch 4520 Saddlehorn Trail City Middleburg FL Zip Code 32068		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANCH, JAMES M 8182 LOCHLOMOND LANE JACKSONVILLE, FL 32244 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Shelli Usher - Branch 4520 Saddlehorn Trail Middleburg FL 32068 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	James M. Branch 4520 Saddlehorn Trail Middleburg FL 32068 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 5/5/04 Daytime Phone 904-317-0010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

24073100



03032004 Chg-P CR2E034 (10/03)

Attachment
2/11/04
Division of Corporations

Annual Report

Page 1

Document Number

P02000128775

Business Entity Name

MITCH BRANCH & ASSOCIATES, INC.

Paid 2/11/04
CK # 4090
\$150.00

FEI Number

562308284

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

6114 GOODMAN ROAD STE #2

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32244

Mailing Address

Address

6114 GOODMAN ROAD STE #2

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32244

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BRANCH

JAMES

M

-or- RA Business Name

Address

8182 LOCH LOMOND LANE

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32244

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature